

### Summer Intern Application

Completion of this application packet and a successful background check is a requirement for your Internship with the Nevada Division of Emergency Management/Homeland Security



#### Personal Information

Legal Name: \_\_\_\_\_  
Last First Middle Maiden

☐

Mr. ☐ Ms. ☐ Mrs. ☐ Other: \_\_\_\_\_ Nickname or Preferred Name: \_\_\_\_\_  
(Check one or fill in "Other".)

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street City State Zip

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Have you ever been known by any other legal name? Yes ☐ No ☐

If "Yes" list and explain: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Are you a U.S. Citizen?: Yes ☐ No ☐ If "No" explain: \_\_\_\_\_

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_ Are you a Veteran? Yes ☐ No ☐

How long have you been a resident of Nevada? \_\_\_\_\_

#### Professional Information

Present Employer and/or School Attending: \_\_\_\_\_  
Company/School Name

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ E-Mail \_\_\_\_\_

Job Title/Responsibilities: \_\_\_\_\_

**Educational History – specify school attended, year of graduation and type of degree received**

High School or high school equivalence (G.E.D.): \_\_\_\_\_

Undergraduate: \_\_\_\_\_

Graduate: \_\_\_\_\_

**References**

- |    |      |               |       |     |             |
|----|------|---------------|-------|-----|-------------|
| 1. | Name | Title/Company | State | Zip | Phone/Email |
| 2. | Name | Title/Company | State | Zip | Phone/Email |
| 3. | Name | Title/Company | State | Zip | Phone/Email |

**Background Information**

- |    |   |     |    |
|----|---|-----|----|
| 1. | Have you ever had your driver's license suspended or revoked?   | Yes | No |
| 2. | Have you ever been arrested or convicted of a criminal offense or complaint, including traffic offenses?                    | Yes | No |
| 3. | Have you been the subject of any previous background check due to appointment to a federal, state or local agency or board? | Yes | No |

I certify that the facts contained in this application are true and correct to the best of my knowledge. I further authorize the Nevada Department of Public Safety to do any and all necessary background checks in order to obtain this position.

---

Signature

Date